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Page 1 of 1

FORM PTO-1449 INFORMATION DISCLOSURE CITATION	Attorney Docket: 1232-4676	Serial No.: 09/772,664
	Applicant: Kazuhito OHASHI	
	Filing Date: January 30, 2001	Group Art Unit: 2622-2624

U.S. PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Name	Class	Sub-Class	Filing Date
<i>JS</i>	AA	5,148,296	9/15/92	Takashima	358	482	12/31/1990
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						

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FOREIGN PATENT DOCUMENTS

Examiner Initial		Patent Number	Publication Date	Country	Class	Sub-Class	Translation
<i>JS</i>	AL	0808057 A2	11/19/97	EP	H04N	1/409	N/A
<i>JS</i>	AM	0901277 A2	3/10/99	EP	H04N	1/407	N/A
<i>JS</i>	AN	0878958 A2	11/18/98	EP	H04N	1/401	N/A
<i>JS</i>	AO	11-27524	1/29/99	Japan	H04N	1/401	Abstract
	AP						

OTHER DOCUMENTS (Including Author, Title, Date, Pertinent Papers, etc.)

	AR	
	AS	
	AT	

Examiner <i>[Signature]</i>	Date Considered 6/8/2005
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP §609.
Draw line through citation if not in conformance and not considered.
Include copy of this form with next communication to Applicant.

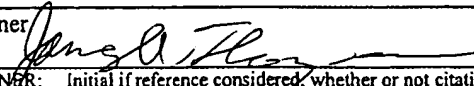
FORM PTO-1449A INFORMATION DISCLOSURE CITATION	Attorney Docket: 1232-4676	Serial No.: 09/772,664
	Applicant: Kazuhito OHASHI	
	Filing Date: November 5, 2001	Group Art Unit: 2624

U.S. PATENT / PUBLICATION DOCUMENTS

Examiner Initial	Patent/Publication Number	Publication/Issue Date	Name	Filing Date
1.				
2.				
3.				
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FOREIGN PATENT DOCUMENTS

Examiner Initial	Patent Number	Publication Date	Country	Copy Filed	Translation
15.	11-275321	10/8/99	Japan	<input checked="" type="checkbox"/> Yes	Abstract
16.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.				<input type="checkbox"/> Yes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Examiner: 	Date Considered: 6/8/2005
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